UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS

IN RE PHARMACEUTICAL INDUSTRY AVERAGE WHOLESALE PRICE LITIGATION	MDL No. 1456
THIS DOCUMENT RELATES TO:	CIVIL ACTION: 01-CV-12257-PBS
ALL ACTIONS	Judge Patti B. Saris

AFFIDAVIT OF ERIC MILLER REGARDING ALLOCATION AND DISTRIBUTION OF THE NET SETTLEMENT FUND TO CONSUMER CLAIMANTS IN THE GSK SETTLEMENT

STATE OF FLORIDA)	
)	SS
COUNTY OF PALM BEACH)	

ERIC MILLER, being duly sworn, deposes and says as follows:

1. I am the Managing Senior Project Administrator of Complete Claim Solutions, LLC. ("CCS"). CCS was appointed the Claims Administrator in the GlaxoSmithKline Settlement (the "Settlement") by Order Granting Preliminary Approval of the GlaxoSmithKline Settlement, Certifying Class for Purposes of Settlement, Directing Notice to the Class and Scheduling Fairness Hearing ("Preliminary Approval Order") dated November 15, 2006. I am over 21 years of age and am not a party to the Action. I have personal knowledge of the facts set forth herein and, if called as a witness, could and would testify competently thereto.

- 2. I submit this affidavit in order to provide the Court and the parties with information about the administration of the Settlement Fund (the "Fund") with regard to the Consumer claims submitted to CCS.
- 3. CCS was engaged as the Claims Administrator to, among other things, provide notice about the Settlement to potential class members; to process, evaluate, and audit completed Claim Forms ("claims") submitted to CCS; to calculate the *pro rata* share for each class member who filed a valid and timely claim ("claimants"); and to distribute the Fund to the claimants. (*See* Declaration of Thomas R. Glenn dated June 21, 2007, previously filed with this Court.)
- 4. In this regard, CCS has served as a repository for class members' inquiries, communications, and claims in this Settlement.

Consumer Claims - Processing Activities

- 5. CCS received and processed 13,461 claims from potential Consumer Class Members. For quality control purposes, each claim was sequentially stamped upon receipt with a unique "claim number." Claims were grouped in batches of fifty (50), each claim was grouped in the order it was processed by CCS's mailroom staff, and each batch of claims was numbered sequentially.
- 6. CCS created a segregated GSK-AWP Consumer database as a repository for Consumer claims data in this matter.
- 7. CCS data-entry staff entered each claimant's name, address, the total dollar amount paid or the amount the Class Member is obligated to pay for each of the GSK Covered Drugs during the Medicare Part B Class Period (January 1, 1991 through January 1, 2005) and the

Private Payor Class Period (January 1, 1991 through August 10, 2006). The claim number on each claim was used as the unique identifier for the claimant's corresponding record in the CCS database.

- 8. Data for each claimant record was then compared to the original hard-copy submitted to CCS by our Quality Assurance ("QA") Department for accuracy and completeness. If the QA staff found data-entry errors, the appropriate data-entry staff member was required to make the necessary corrections, which were then reviewed a second time by the QA staff.
- 9. Data-entry staff coded the computerized claim records if the corresponding hard-copy claim was in any way "deficient" (that is, missing pertinent information, in whole or in part, necessary to calculate each claimant's *pro rata* share) which, if corrected, would make the claim valid and eligible for payment. Of the claims received, CCS initially determined that deficient claims were those where the Proof of Claim form (a) was not signed, (b) did not provide documentation necessary to support their claim as required by the Court, (c) did not provide a claim amount or amounts, or (d) did not provide documentation or the total amount of the claimant's purchases even though the class member indicated the drugs purchased (by marking the field on the claim form with an "x" or a check-mark, for example).
- 10. CCS sent over 8,500 letters to these claimants reporting these deficiencies, notifying them that their claims were deficient, explaining the reason(s), and requesting that they provide the data or information necessary to remedy the deficiency. Examples of these letters are attached as Exhibits 1A through 1E. CCS reviewed and processed the responses from claimants to these deficiency letters.

- 11. CCS also sent 27 letters to Consumer claimants whose Recognized Claim seemed unreasonably high (in excess of \$10,000.00). The concern with the "high" claims was that GSK covered Drugs purchased outside the Medicare Part B or Private Payor Class Periods had been included or, absent special circumstances, claims in excess of \$10,000.00 might be erroneous, unsubstantiated, or even fraudulent and would require further review. An example of the Request for Additional Information letter is attached as Exhibit 2. CCS reviewed and processed responses from these claimants. Of the 27 claimants in this category, 14 have sufficiently documented their claim and are eligible for a distribution while 13 failed to substantiate their claim.
- 12. In addition, CCS sent 422 letters to claimants whose claims were determined to be ineligible because the claim was duplicative of previously filed claims (for example, where a claim was submitted to CCS by facsimile and the original hard-copy was sent in by mail and received at a later date). A sample of this letter is attached as Exhibit 3.
- 13. There are 36 claims that are ineligible because they were filed by Third-Party Payors ("TPPs") who erroneously filed their claim using the Consumer claim form. Those claims have been transferred and reprocessed into the segregated TPP claims database and the TPP will be notified in writing.
- 14. Review of the claims found that 408 consumer claimants had sent in both a claim form and a request for exclusion. CCS wrote to these claimants to advise them that their claim was ineligible unless they rescinded their exclusion. An example of this letter is attached as Exhibit 4. Of these 408 claimants, 151 have responded by withdrawing their request for exclusion.

15. In the aggregate, CCS sent more than 9,800 letters to Consumer claimants by first-class U.S. mail. In certain cases, CCS made telephone calls to Consumer claimants in an effort to resolve the deficient or ineligible conditions in the claims.

Allocation of the Consumer Net Settlement Fund

- 16. The data regarding claimants' purchase amounts were entered in CCS's database.
- 17. Each eligible Consumer claimant is identified on the Eligible Consumer Claims Summary provided to counsel for the parties and available to be filed with the Court (under seal) upon request. This list encompasses 6,311 eligible Consumer claims with Recognized Claims totaling \$1,596,959.08.
- 18. Included in the Eligible Consumer Claims Summary are 218 claimants with a Recognized Claim of \$69,297.57, whose claims were postmarked after the May 28, 2007, filing deadline, but which would otherwise be eligible to receive a distribution. These claimants are separately listed on a Late Consumer Claims Summary provided to counsel for the parties and available to be filed with the Court (under seal) upon request.
- 19. As referenced in ¶15, more than 9,800 letters were sent to Consumer claimants to obtain additional information, correct discrepancies in the claims, or otherwise address issues raised by the submissions provided to CCS. However, 3,394 Consumer claims remain deficient and 3,756 Consumer claims remain ineligible. The deficient claims are listed on the Deficient Consumer Claims Summary, a copy of which was provided to counsel for the parties and available to be filed with the Court (under seal) upon request.

- 20. Included in the Deficient Consumer Claims Summary are 1,508 claimants with Recognized Claims totaling \$388,980.11 who provided amounts but did not provide proof of the amounts; 1,844 claimants who provided documentation (usually in the form of medical records) without entering a Recognized Claim amount on the claim form; and 42 claimants with Recognized Claims totaling \$11,569.05 whose claim forms were not signed and who did not respond to CCS's letter requesting a signature (as stated in ¶10, above).
- 21. CCS prepared a list of 3,756 Ineligible Consumer Claims, a copy of which was provided to counsel for the parties. Included in this list are:
 - (a) Claimants who filed duplicative claims;
 - (b) Claimants whose claims were wholly deficient (e.g., lacking necessary information or documentation) and who failed to cure the deficiencies despite being contacted by CCS;
 - (c) TPPs who filed claims using the Consumer claim form;
 - (d) Claimants who failed to support their "high" claim amounts;
 - (e) Claimants who wrote to CCS advising that they were withdrawing their claims (and CCS subsequently sent a letter to those claimants to confirm receipt of their withdrawal); and
 - (f) Filed both exclusion and claim.
- 22. Upon approval of the Court, CCS will promptly mail eligible Consumer claimants their appropriate share of the fund.

Third-Party Payor Claims Processing Activities

- 23. CCS received and processed 2,125 claims from TPP claimants and record-keeping entities or agents filing on behalf of TPPs (Third-Party Administrators or "TPAs"). The current total claimed amount of these claims is \$1,360,646,877.06.
- 24. CCS data-entry staff entered each claimant's name, address, telephone number, fax number, Federal Employer Identification Number ("FEIN"), the dollar amount of each of the GlaxoSmithKline purchases during the class period, and the type of claimant providing the information on the TPP Claim form (*e.g.*, whether the claim was filed directly by a potential class member or by some duly authorized agent, such as a TPA or pharmacy benefits manager filing on behalf of a self-insured employer-sponsored health plan). In addition, for claims filed by an agent, the name and FEIN and total eligible GlaxoSmithKline purchases of each party on behalf of which the agent was acting were entered into the corresponding claimant's database record. The claim number on each claim was used as the unique identifier for the claimant's corresponding record in the GlaxoSmithKline TPP Database.
- 25. Data for each claimant record was then reviewed against the original hard-copy claim submitted to CCS by our QA Department for accuracy and completeness. If the QA staff found data-entry errors, the appropriate staff member was required to make the necessary corrections, which were then reviewed a second time by the QA staff.

Deficient and Ineligible TPP Claims

26. Data-entry staff coded the computerized claim records if the corresponding hard-copy claim was in any way "deficient" (that is, missing pertinent information or documentation, in whole or in part, necessary to calculate each claimant's *pro rata* share) which, if corrected,

would make the claim eligible for payment. Of the claims received, CCS initially determined that deficient claims were those in which the TPP Claim Form (a) was missing the FEIN for the claimant; (b) was not signed; (c) did not list the name, FEIN, and/or the claim amount of the potential class members on whose behalf the agent was filing the Claim; (d) claim did not show total amounts spent on drugs or (e) claimed an amount more than \$300,000.00 and was missing the necessary supporting documentation as required in Section F of the TPP Claim Form. CCS has sent letters, by certified mail, return receipt requested, to these claimants notifying them that their claims were deficient and explaining the reasons. Examples of these letters are attached as Exhibits 5A through 5C.

- 27. In addition, CCS has sent letters to claimants whose claims were determined to be ineligible because (a) the claimant was not a TPP class member or the claim was not filed on behalf of a TPP class member (such as a government, hospice, or pharmacy entity filing for costs that actually may have been fully reimbursed); or (b) the claim was duplicative of a previously filed claim (such as where one claim was faxed to CCS and a copy sent by mail was received at a later date). Examples of the types of Notices of Ineligibility letters are attached as Exhibits 6A and 6B.
- 28. CCS has also sent letters to TPAs who filed on behalf of class members who had filed their own individual claims. This letter asked the TPA either to reduce its claim amount by excluding purchases made by a class member that filed its own claim or to explain the reason (with supporting documentation) why the claim did not contain duplicative or overlapping purchases. An example of this letter is attached as Exhibit 7. CCS will review and process all responses from claimants.

CCS's Review of TPP Claims Data

- 29. To ensure the integrity of the data received by TPP claimants, CCS audited all TPP claims listing purchases over \$300,000.00. Under the Court-approved terms of this Settlement all claims over \$300,000.00 were required to provide documentation substantiate the claim amount. CCS received 384 such claims. All but 12 TPPs claiming over \$300,000.00 in purchases provided either electronic or hardcopy records; these 12 TPPs failed to provide the required documentation even after CCS called, sent emails, and sent a letter via certified mail, return receipt requested (as referenced in \$26, above).
- 30. CCS is nearly finished reviewing the supporting documentation for the 372 TPP claimants who did provide supporting documentation. To date, 202 such claims will have their purchase amounts adjusted. Most purchase amounts will be adjusted downward because the documentation included purchases made outside the class period and/or included drugs that were not part of this Settlement. In a few instances, purchase amounts will be adjusted upward because the documentation listed eligible purchases. Soon, CCS will send letters to all TPPs whose claims are adjusted either upward or downward giving them an opportunity to affirm or dispute our findings.
- 31. It has been CCS's experience in other pharmaceutical purchase class action settlements that the responses received from some TPP claimants to our request for additional information (referenced in ¶26-28, above) will result in the TPP's claim amount being adjusted either upward or downward. CCS's established procedure is to then notify the claimants in writing of any adjustment to their claim and give them an opportunity to respond with any documentation that supports their position. CCS anticipates this may happen with the outstanding responses from TPPs in this settlement, but has not yet mailed any such letters.

32. Once the administration of TPP claims is finalized, CCS will provide an affidavit to class counsel and the Court to report on our TPP claims administration activities and to report on those TPP claims it has deemed eligible for payment and those it has deemed ineligible. Upon approval of the Court, CCS will promptly mail eligible TPP claimants their appropriate share of the Fund.

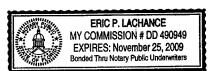
33. Attached hereto as Exhibit 8 is the invoice that CCS submitted to class counsel for \$106,388.42 in professional fees and expenses for administering this Settlement. In addition, CCS has calculated an additional \$55,100.00 in professional fees and expenses to perform the distribution of Settlement Funds to Consumers and complete our administration of Consumer claims. To date, CCS has not been paid or reimbursed for these fees and expenses.

34. I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

Eric Miller

Sworn to before me this 3rd day of April 2009.

Notary Public



EXHIBITS 1A – 1E

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 12 of 34

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743 WEST PALM BEACH, FL 33416

TOLL-FREE TELEPHONE: 1-888-568-7645

00002133-021

July 10, 2008

RESPONSE DUE DATE: August 10, 2008



507



Dear Claimant:

We received your claim in the GlaxoSmithKline AWP Settlement. Unfortunately, there is a problem with your claim. You failed to provide either (a) the total amounts spent on the drugs and/or (b) the required documentation. In order for your claim to be eligible you must follow the directions in the steps below.

STEP ONE:

Please provide the total amount spent on each covered GSK drug in the table on the back of this letter. Please note that an "X" in the Missing Amount column means you did not provide the total amount spent on each drug during the class period. If you cannot calculate the exact amount you paid out-of-pocket for each of the GSK AWP drugs, please estimate to the best of your ability.

STEP TWO:

Provide one (1) proof of payment for each drug you are claiming. If there is an "X" in the column "Missing Documentation" on the table on the back of this letter you must provide proof of payment in the form of any one of the following:

- a written prescription for the drug;
- a receipt, cancelled check, or credit card statement that shows that you have paid for the drug;
- an EOB (explanation of benefits) that shows you made or are obligated to make a percentage co-payment for the drug;
- a letter from your physician stating that he or she prescribed and that you paid or were obligated to pay a percentage co-payment for the drug at least once and setting forth the amount of the co-payment; or
- a notarized statement signed by you indicating you paid or are obligated to pay a percentage co-payment for the drug between January 1, 1991 through August 10, 2006, including the total of all percentage co-payments for the drug during that time period.

If you have any questions, please call us at 1-888-568-7645.

Sincerely Yours,

Document 6011-2 Filed 04/13/09 Page 13 of 34

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743

WEST PALM BEACH, FL 33416

TOLL-FREE TELEPHONE: 1-888-568-7645

00009731-047

July 2, 2008



RESPONSE DUE DATE: August 3, 2008

30

REQUEST FOR ADDITIONAL INFORMATION - Claim No.



Dear Claimant:

We received your claim in the GlaxoSmithKline AWP Settlement. Unfortunately, there is a problem with your claim. You failed to provide both (a) the total amounts spent on the drugs and (b) the required documentation. In order for your claim to be eligible you must follow the directions in the steps below.

STEP ONE:

Please provide the total amount spent on each covered GSK drug in the table on the back of this letter. If you cannot calculate the exact amount you paid out-of-pocket for each of the GSK AWP drugs, please estimate to the best of your ability.

STEP TWO:

Provide one (1) proof of payment for each drug you are claiming. Proof of payment may be in the form of any one of the following:

- a written prescription for the drug;
- a receipt, cancelled check, or credit card statement that shows that you have paid for the drug;
- an EOB (explanation of benefits) that shows you made or are obligated to make a percentage co-payment for the drug;
- a letter from your physician stating that he or she prescribed and that you paid or were obligated to pay a percentage co-payment for the drug at least once and setting forth the amount of the co-payment; or
- a notarized statement signed by you indicating you paid or are obligated to pay a percentage co-payment for the drug between January 1, 1991 through August 10, 2006, including the total of all percentage co-payments for the drug during that time period.

AFTER COMPLETING STEPS ONE AND TWO, PLEASE RETURN THIS LETTER WITH THE REQUIRED DOCUMENTATION TO THE ADDRESS ABOVE BY THE RESPONSE DUE DATE. FAILURE TO RESPOND MAY RESULT IN DISALLOWANCE OF YOUR CLAIM.

If you have any questions, please call us at 1-888-568-7645.

Sincerely yours,

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 14 of 34 GSK AWP LITIGATION ADMINISTRATOR

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743 WEST PALM BEACH, FL 33416

TOLL-FREE TELEPHONE: 1-888-568-7645

01523670-056

August 29, 2008



RESPONSE DUE DATE: September 29, 2008

5

REQUEST FOR INFORMATION - Claim No.

Dear Claimant:

We received your claim in the GlaxoSmithKline AWP Settlement. Unfortunately, there is a problem with your claim.

You did not sign the Proof of Claim form.

In order to insure you receive the correct distribution from the Settlement Fund, please sign and date this letter where indicated below and return it to the address listed above by the Response Due Date. Your signature will be treated as the proper execution of your previously submitted Proof of Claim. FAILURE TO DO SO MAY RESULT IN THE DISALLOWANCE OF YOUR CLAIM.

If you have any questions, please call us at 1-888-568-7645.

	Sincerely yours,
	Claims Administrator
Claimant Signature	Date

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 15 of 34

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743

WEST PALM BEACH, FL 33416

TOLL-FREE TELEPHONE: 1-888-568-7645

00028729-065

July 10, 2008

RESPONSE DUE DATE: August 10, 2008



1737

REQUEST FOR ADDITIONAL INFORMATION - Claim No.

Dear Claimant:

We received your claim in the GlaxoSmithKline AWP Settlement. Unfortunately, there is a problem with your claim. You failed to provide either (a) the total amounts spent on the drugs and/or (b) the required documentation. In order for your claim to be eligible you must follow the directions in the steps below.

STEP ONE:

Please provide the total amount spent on each covered GSK drug in the table on the back of this letter. Please note that an "X" in the Missing Amount column means you did not provide the total amount spent on each drug during the class period. If you cannot calculate the exact amount you paid out-of-pocket for each of the GSK AWP drugs, please estimate to the best of your ability.

STEP TWO:

Provide one (1) proof of payment for each drug you are claiming. If there is an "X" in the column "Missing Documentation" on the table on the back of this letter you must provide proof of payment in the form of any one of the following:

- a written prescription for the drug;
- a receipt, cancelled check, or credit card statement that shows that you have paid for the drug;
- an EOB (explanation of benefits) that shows you made or are obligated to make a percentage co-payment for the drug;
- a letter from your physician stating that he or she prescribed and that you paid or were obligated to pay a percentage co-payment for the drug at least once and setting forth the amount of the co-payment; or
- a notarized statement signed by you indicating you paid or are obligated to pay a percentage co-payment for the drug between January 1, 1991 through August 10, 2006, including the total of all percentage co-payments for the drug during that time period.

If you have any questions, please call us at 1-888-568-7645.

Sincerely Yours,

Document 6011-2 Filed 04/13/09 Page 16 of 34

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743 WEST PALM BEACH, FL 33416

TOLL-FREE TELEPHONE: 1-888-568-7645

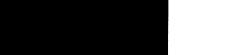
00001030-009

May 16, 2008

RESPONSE DUE DATE: June 16, 2008

291





REQUEST FOR ADDITIONAL INFORMATION - Claim No.



We received your claim in the GlaxoSmithKline AWP Settlement. Unfortunately, there is a problem with your claim. You failed to provide both (a) the total amounts spent on the drugs and (b) the required documentation. In order for your claim to be eligible you must follow the directions in the steps below.

STEP ONE:

Please provide the total amount spent on each covered GSK drug in the table on the back of this letter. If you cannot calculate the exact amount you paid out-of-pocket for each of the GSK AWP drugs, please estimate to the best of your ability.

STEP TWO:

Provide one (1) proof of payment for each drug you are claiming. Proof of payment may be in the form of any one of the following:

- a written prescription for the drug;
- a receipt, cancelled check, or credit card statement that shows that you have paid for the drug;
- an EOB (explanation of benefits) that shows you made or are obligated to make a percentage co-payment for the drug;
- a letter from your physician stating that he or she prescribed and that you paid or were obligated to pay a percentage co-payment for the drug at least once and setting forth the amount of the co-payment; or
- a notarized statement signed by you indicating you paid or are obligated to pay a percentage co-payment for the drug between January 1, 1991 through August 10, 2006, including the total of all percentage co-payments for the drug during that time period.

AFTER COMPLETING STEPS ONE AND TWO, PLEASE RETURN THIS LETTER WITH THE REQUIRED DOCUMENTATION TO THE ADDRESS ABOVE BY THE RESPONSE DUE DATE. FAILURE TO RESPOND MAY RESULT IN DISALLOWANCE OF YOUR CLAIM.

If you have any questions, please call us at 1-888-568-7645.

Sincerely yours,

EXHIBIT 2

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 18 of 34

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743 WEST PALM BEACH, FL 33416 TOLL FREE TELEPHONE 1-888-568-7645

00628571-067

November 21, 2008



RESPONSE DUE DATE: December 22, 2008

10

REQUEST FOR ADDITIONAL INFORMATION *** Claim No:



We have received and processed the Proof of Claim you submitted in the GlaxoSmithKline Settlement. You claimed purchases of GlaxoSmithKline drugs during the Medicare Class Period January 1, 1991 through January 1, 2005 or Private Payor Class Period January 1, 1991 through August 10, 2006 totaling \$130,000.00.

The claim that you submitted was signed under penalty of perjury and in so doing you affirmed that all of the information provided in the claim was true, correct, and accurate. We write to request that you provide whatever documentation you may have or can obtain which supports the amount you have claimed.

Such proof might include copies of, among other things: (1) written prescriptions for the GlaxoSmithKline drugs; (2) pharmacy receipts or computer statements, cancelled checks, or credit card statements showing your payments for GlaxoSmithKline drugs; and/or (3) an Explanation of Benefits (EOB) from your insurance company that shows your co-payments for the medication. Please submit the requested documentation by the Response Due Date listed above.

If you wish to revise the amount of your claim, please provide the information requested on the backside of this letter, sign and date the letter, and return it to the address listed above not later than the Response Due Date listed above.

FAILURE TO RESPOND TO THIS REQUEST MAY RESULT IN THE DISALLOWANCE OF YOUR CLAIM.

Of course, if you have any questions about this, or if you are uncertain about what kinds of documents you might submit for our review, please call our toll-free number 1-888-568-7645.

Sincerely Yours,

EXHIBIT 3

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 20 of 34

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743 WEST PALM BEACH, FL 33416 TOLL FREE TELEPHONE 1-888-568-7645

01656626-074

January 8, 2009



RESPONSE DUE DATE: February 8, 2009

1

NOTICE OF INELIGIBILITY * * * Claim No.



Dear Claimant:

We have received and processed more than one Proof of Claim that you filed, or that was filed on your behalf in the GlaxoSmithKline Settlement. The Claim Number listed above is considered duplicative of another Proof of Claim filed by you or on your behalf.

The original Proof of Claim (Proof of Claim Number) has been processed in accordance with the Settlement Agreement approved by the Court.

IF YOU DISAGREE WITH THIS DETERMINATION (e.g., you filed multiple claims because (a) you were provided with documentation from multiple pharmacies or (b) you are filing on behalf of more than one person), YOU MUST ADVISE US IN WRITING BY THE RESPONSE DUE DATE LISTED ABOVE. Your letter must also include documentation supporting your position.

If you have any questions about this, please call our toll free number 1-888-568-7645.

Sincerely yours,

EXHIBIT 4

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 22 of 34

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743 WEST PALM BEACH, FL 33416 TOLL-FREE NUMBER: 1-888-568-7645

00441515-047

September 5, 2008



RESPONSE DUE DATE: October 6, 2008

1

NOTICE OF INELIGIBILITY * * * Claim No.

Dear Claimant:

WE RECENTLY MAILED YOU A LETTER DATED AUGUST 29, 2008, IN WHICH THE TOLL-FREE NUMBER WAS INCORRECT. PLEASE ACCEPT OUR APOLOGIES FOR THE TYPOGRAPHICAL ERROR. THIS LETTER CONTAINS THE CORRECT TOLL-FREE NUMBER. IF YOU HAVE ALREADY REPLIED TO THE PREVIOUS LETTER, THEN YOU DO NOT NEED TO DO ANYTHING FURTHER.

We have received and processed the Proof of Claim and Exclusion request that you filed in the GlaxoSmithKline Settlement. However, because you filed both a claim form and exclusion form your claim has been deemed ineligible.

If you wish to remain excluded from the settlement class, you do not need to do anything.

If you wish to rescind your Request for Exclusion and re-enter the settlement class, you must sign and date where indicated below and return this letter to the address listed above.

FAILURE TO RESPOND TO THIS LETTER BY THE RESPONSE DUE DATE LISTED ABOVE WILL RESULT IN THE DISALLOWANCE OF YOUR CLAIM.

If you have any questions, please call our toll-free number 1-888-568-7645.

	Sincerely yours,
	Claims Administrator
Claimant Signature	Date

EXHIBITS 5A – 5C

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 24 of 34

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743 WEST PALM BEACH FL 33416

WEST PALM BEACH, FL 33416 PHONE: 1-888-568-7645



March 13, 2009

RESPONSE DUE DATE: April 13, 2009

1

GOODHUE COUNTY C/O MELISSA CUSHING 509 W 5 ST RED WING, MN 55066

REQUEST FOR ADDITIONAL INFORMATION *** Claim No: 69

Dear Claimant:

We have received and processed the Proof of Claim you filed in the GlaxoSmithKline AWP Settlement. However, we noted one or more deficiencies in the claim you submitted. Your Proof of Claim is deficient or incomplete for the following reason(s) below, as indicated by an "X":

- (SIGN) You did not sign the Proof of Claim form. Please sign this letter in the space provided and return it to us not later than the Response Due Date listed above. Your signature will be treated as the proper execution of your previously submitted Proof of Claim.
- _X_ (TIN) You did not provide your Federal Employer Identification Number. Please provide this information in the space provided and return this letter to us not later than the Response Due Date listed above.
- (C5) You indicated that you are a duly Authorized Agent filing on behalf of a Class Member, however you failed to provide the names and Federal Employer Identification Numbers (FEINs) of Class Members on whose behalf you were filing.

PLEASE SIGN AND RETURN THIS LETTER TO THE ADDRESS LISTED ABOVE WITH THE REQUESTED INFORMATION BY THE RESPONSE DUE DATE LISTED ABOVE.

FAILURE TO RESPOND MAY RESULT IN DISALLOWANCE OF YOUR CLAIM. If you have any questions about this, please call our toll-free number 1-888-568-7645.

Sincerely yours,

	Claims Administrator
Signature of Claimant	Date
Name	Federal Employer Identification Number





Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 25 of 34

GSK AWP LITIGATION ADMINISTRATOR C/O COMPLETE CLAIM SOLUTIONS, LLC P.O. BOX 24743 WEST PALM BEACH, FL 33416

TOLL-FREE TELEPHONE: 1-888-568-7645



March 13, 2009

RESPONSE DUE DATE: April 13, 2009

INTERNATIONAL SPECIALTY PRODUCTS ATTN DENISE BRADY 1361 ALPS RD 8-3 WAYNE. NJ 07470

1

REQUEST FOR ADDITIONAL INFORMATION - Claim No: 4

Dear Claimant:

We received your claim in the GlaxoSmithKline AWP Settlement. Unfortunately, there is a problem with your claim. You did not provide the total amount of your purchases.

In order for your claim to be eligible you must provide the total and final amount paid or reimbursed for each GSK Covered Drug with a date of service or date of fill from January 1, 1999 to December 31, 2003, net of co-pays, deductibles and co-insurance for each Class Member on whose behalf you are submitting a claim.

Please provide the total amount spent on each GSK drug in the table on the back of this letter.

PLEASE RETURN THIS LETTER WITH THE REQUIRED DOCUMENTATION TO THE ADDRESS ABOVE BY THE RESPONSE DUE DATE. FAILURE TO RESPOND MAY RESULT IN DISALLOWANCE OF YOUR CLAIM.

If you have any questions, please call us at 1-888-568-7645.

Sincerely yours,





Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 26 of 34



GSK AWP Litigation Administrator c/o Complete Claim Solutions, LLC P.O. Box 24743 West Palm Beach, FL 33416. Phone: 1-888-568-7645

Xxxxxxxx XX, 2009

RESPONSE DUE DATE: Xxxxxxxx XX, 2009

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«compute_0009»«compute_0010»
«compute_0011»
«compute_0012», «compute_0013» «compute_0014»
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REQUEST FOR ADDITIONAL INFORMATION *** Claim No: «clm_no»

VIA CERTIFIED MAIL

Dear Claimant:

We have received and processed the claim form that you filed in the GlaxoSmithKline AWP Settlement. However, we noted one or more deficiencies in the claim you submitted as follows:

(EDOC) -You failed to provide adequate documentation supporting your claim for payments of GlaxoSmithKline purchases during the Claim Period of January 1, 1999 through December 31, 2003. According to Section F on page 5 of the Third-Party Payor Claim Form, as approved by the Court, if you are claiming \$300,000 or more of purchases of GlaxoSmithKline drugs, you must provide documentation with your Claim form. The back of this letter provides further details on what the electronic documentation must include. We prefer that you submit this in an electronic format such as excel, if possible at all.

To ensure you receive the correct distribution from the Net Settlement Fund, if any, you must return the required documentation, along with a copy of this letter, by the Response Due Date to the address listed above. FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM IN WHOLE OR PART.

If you have any questions, please call us toll-free at 1-888-568-7645. You may receive additional letters if other deficient conditions are identified in this claim.

Sincerely yours,

Settlement Administrator

You must provide documentation (preferably in an electronic format such as excel) sufficient to show the amount of purchases of each GSK Covered Drugs during the period of January 1, 1999 to December 31, 2003, net of co-pays, deductibles, and/or co-insurance. In addition, inclusion of the following data fields will facilitate the claims review process, and TPP Class Members with claims in excess of \$300,000 are therefore requested to provide it if practicable:

- a. <u>J-Code or NDC Number</u> The applicable J-Code or NDC Number for each transaction. The applicable J-Codes for each GSK Covered Drugs as well as a list of NDC numbers is attached on page 10 of the Notice as Attachment 1. (See website at http://www.gsksettlement.com/glaxo/docs/TPP%20Notice.pdf)
- b. <u>Patient Identifier</u> A random encrypted patient identification number for each transaction, which can be used to track claims.
- c. Age Age information (i.e., the difference between date of birth and date of service or date of fill, rounded down to the nearest year) for each transaction.
- d. <u>Service and/or Fill Date</u> Service date will often be available for J-Code entries and fill date will be available for NDC entries. If both are available, please include.
- e. <u>Group Number</u> The group number assigned to each transaction. As part of the auditing process, you may be asked to provide corresponding group name for each group number. Only the Claims Administrator will have access to this information.
- f. Amount Billed The billed charges or the initial amount billed by the provider or providers before any adjustments.
 - g. Units If available, the units for each transaction should be provided.

EXHIBITS 6A – 6B

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 29 of 34



GSK AWP Litigation Administrator c/o Complete Claim Solutions, LLC P.O. Box 24743 West Palm Beach, FL 33416. Phone: 1-888-568-7645

Xxxxxxxx xx, 2009

RESPONSE DUE DATE: Xxxxxxxx xx, 2009

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NOTICE OF INELIGIBILITY *** Claim No. «clm_no»

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Dear Claimant:

We have received and processed the Proof of Claim you filed in the GlaxoSmithKline AWP Settlement. However, we have preliminarily determined that your claim may not be eligible to receive a distribution from the Settlement Fund, as you do not appear to be a member of the Settlement Class for the following reason(s) below, as indicated by an "X":

 (BEHV)	You submitted this claim as (or on behalf of) a behavioral institution.
 (GOVT)	You submitted this claim as (or on behalf of) a governmental entity.
 (HTAL)	You submitted this claim as (or on behalf of) a hospital or medical treatment facility.

An eligible Class Member is a Third Party Payor defined as "any entity that was (a) a party to a contract, issuer of a policy or sponsor of a plan, and was also pursuant to such contract, policy, or plan (b) at risk to pay or reimburse all or part of the cost of Relafen and/or its generic nabumetone products dispensed to natural persons covered by such contract, policy, or plan."

IF YOU DISAGREE WITH THIS DETERMINATION, and believe that you meet the above definition, please provide us with evidence by the Response Due Date listed above.

FAILURE TO RESPOND WILL RESULT IN THE DISALLOWANCE OF YOUR CLAIM. If you have any questions, please call us at 1-888-568-7645.

Sincerely yours,

Settlement Administrator

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 30 of 34



GSK AWP Litigation Administrator c/o Complete Claim Solutions, LLC P.O. Box 24743 West Palm Beach, FL 33416. Phone: **1-888-568-7645**

Xxxxxxxx XX, 2009

RESPONSE DUE DATE: Xxxxxxxx XX, 2009

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NOTICE OF INELIGIBILITY *** Claim No. «clm_no»

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Dear Claimant:

We have received and processed more than one Proof of Claim that you filed, or that was filed on your behalf, in the GlaxoSmithKline AWP Settlement. The Claim Number listed above is considered duplicative of another Proof of Claim filed by you or on your behalf.

The original Proof of Claim (Claim Number <<orig_clm_no>>) has been processed in accordance with the Settlement Agreement approved by the Court.

IF YOU DISAGREE WITH THIS DETERMINATION (e.g., you filed multiple claims because (a) you were provided with documentation from multiple Third-Party Administrators or Pharmacy Benefit Managers or (b) you filed for multiple plans), YOU MUST ADVISE US IN WRITING BY THE RESPONSE DUE DATE LISTED ABOVE. Your letter must also include documentation supporting your position.

If you have any questions about this, please call our toll-free number 1-888-568-7645.

Sincerely yours,

EXHIBIT 7

Case 1:01-cv-12257-PBS Document 6011-2 Filed 04/13/09 Page 32 of 34



GSK AWP Litigation Administrator c/o Complete Claim Solutions, LLC P.O. Box 24743 West Palm Beach, FL 33416 Phone: 1-888-568-7645

Xxxxxxxx XX, 2009

RESPONSE DUE DATE: Xxxxxxxx XX, 2009

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«compute_0011»
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REQUEST FOR ADDITIONAL INFORMATION *** Claim No. «clm no»

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Dear Claimant:

We have received and processed the Proof of Claim you filed in the Glaxo Kline Smith Settlement. To ensure you receive the correct distribution, please provide the following indicated information by the Response Due Date listed above.

(C5D2) – You indicated that you are a duly Authorized Agent filing on behalf of the Class Member(s) listed below. However, we noted one or more claims have already been filed by the Class Member(s). Therefore, the claims filed on behalf of the Class Member(s) are considered duplicative.

WE ARE REQUESTING, AT THIS TIME, THAT YOU SUBMIT A LETTER WHICH REDUCES YOUR CLAIM TO EXCLUDE THE CLAIMED AMOUNTS FOR THE CLASS MEMBER(S) LISTED BELOW. Then return it with a copy of this letter by the Response Due Date to the address listed above.

IF YOU DISAGREE WITH THIS DETERMINATION, YOU MUST ADVISE US IN WRITING BY THE RESPONSE DUE DATE LISTED ABOVE. Your letter must also include documentation supporting your position.

FAILURE TO RESPOND MAY RESULT IN THE DISALLOWANCE OF YOUR CLAIM. If you have any questions, please call us at 1-888-568-7645.

Sincerely yours,

Claims Administrator

Enclosure <<C5D2 table (C5 recs w/T flag)>>

EXHIBIT 8

RUST

Tax I.D. No.: 41-1813634

www.rustconsulting.com

Invoice No: **GSK AWP 0009** Client No: **8106/29-8030**

March 11, 2009

Edward Notargiacomo, Esq. Hagens Berman Sobol Shapiro, LLP One Main Street 4th Floor Cambridge, MA 02142

Invoice for GSK AWP Class Action Settlement Administration For Professional Fees and Expenses from December 1, 2008 through February 28, 2009

For Professional Fees and Expenses from December 1, 2008 through	gii rebi dai y 20, 2009	
TPP Professional Fees:		
TPP Deficiencies	\$3,914.75	
TPP Processing Claims	503.00	
TPP Audits	60,197.75	
TPP Project Management	3,809.75	
TPP Systems	2,063.25	
TPP Administrative/Financial	1,437.50	
TPP Scanning	85.00	
TPP Hotline	2,980.50	
TPP Quality Assurance	618.50	
Total TPP Professional Fees:		\$75,610.00
Consumer Professional Fees:		
Consumer Deficiencies	\$535.50	
Consumer Processing Claims	199.50	
Consumer Audits	2,141.00	
Consumer Project Management	9,239.00	
Consumer Hotline	6,659.25	
Consumer Quality Assurance	78.00	
Consumer Administrative/Financial	1,289.75	
Consumer Opt-Outs & Correspondence	277.00	
Total Consumer Professional Fees:		\$20,419.00
ISHP Professional Fees:		
ISHP Project Management	\$223.00	
ISHP Administrative/Financial	506.50	
Total ISHP Professional Fees:		\$729.50
Total Expenses:		
Call Center/Telecommunications	\$4,777.92	
Postage/Federal Express	1,261.24	
Shredding/Storage	2,999.63	
Photocopies/Faxing/Printing	209.70	
Website Hosting	381.43	
Total Expenses:		\$9,629.92
Total GSK AWP Invoice 0009:		\$106,388.42
GSK-AWP Consumer Estimate to Complete		
Estimated Professional Fees:		
Programming check stub and allocation of settlement fund, IT, pre-check		
list, distribution, final quality assurance reviews, project management, and		
process UNDs/FWDs/reissues	\$39,600.00	
Estimate Expenses:		
Postage for checks	4,070.00	
Postage for FWDs & reissues	205.00	
Check Stock/env., printing, folding, stuffing and mailing checks (FWDs & reissues)	3,750.00	
Address tracing	125.00	

Total GSK Invoice 0009 and Estimate to Complete:

Total Estimate to Complete:

\$55,100.00 \$161,488.42

800.00 1,350.00

1,500.00 3,700.00

Wire Information

Account Number: 004797967245

ABA/Routing Numbers: (Wires: 026009593) or (ACH: 111000025)

Bank: Bank of America, Dallas, TX Bank Contact: Linda Mobly; (214) 209-2149 Reference Client Number or Invoice Number

Hotline/Long distance telephone charges

Tax Preparation and Filing (2008, 2009)

Monthly Bank Account Expenses (9 months) Miscellaneous (copies, faxes, storage, shredding)

5210 HOOD ROAD PALM BEACH GARDENS, FL 33418 T 561.651.7777 F 561.651.7788 RUSTCONSULTING.COM